



A COMPANION DOCUMENT

Family Document *Master Sheet.*

The one document a family will always reach for.

Most estate documents are written for the person who creates them. This one is written for the people they leave behind.

PREPARED FOR

Full legal name

DATE PREPARED

Month / Day / Year

What this is. *Why this matters.*

You already have legal documents — a Will, Power of Attorney, maybe a trust. They live in a filing cabinet, a safe-deposit box, or with your attorney. This sheet is not those documents. This sheet is the map to them.

The Estate Planning Guide is a workshop. It walks you through the decisions. This is the artifact the workshop produces — the one document your family turns to when something happens, and they need to act in the next hour, the next day, the next thirty days.

Most families won't keep three documents current. They Will keep one. This is the one. That is why it ends up being the *bible* for the family on the worst day of their lives.

Fill it in honestly. Leave nothing to memory. Where a document lives, where a key is hidden, the name of the person who knows the password to the email — all of that belongs here. The legal documents say what should happen. This sheet says where to find them and who to call.

Update it every year. Birthdays are a good anchor. So is tax season. So is the first cool weekend in October. Pick a date. Put it on the calendar.

This document belongs to —

If found, please return to the person or family named below.

FULL LEGAL NAME

ALSO KNOWN AS

Nickname, maiden name, etc.

DATE OF BIRTH

MM / DD / YYYY

PHONE

EMAIL

HOME ADDRESS

Street, city, state, ZIP

FIRST CREATED

MM / DD / YYYY

LAST UPDATED

MM / DD / YYYY

NEXT REVIEW ON

MM / DD / YYYY

This sheet is the map. The legal documents are the territory.

PEOPLE — THE KEY PEOPLE IN MY LIFE

— Who to call. Who decides. Who already knows what.

The first call a family makes is to a person, not a document. Write the people who matter here, in the order your family should reach them.

EMERGENCY CONTACTS

Reach in this order

First call

NAME

PHONE

RELATIONSHIP TO ME

Second call

NAME

PHONE

RELATIONSHIP TO ME

FAMILY

SPOUSE OR PARTNER

PHONE

CHILD 1 — NAME & PHONE

CHILD 2 — NAME & PHONE

CHILD 3 — NAME & PHONE

SIBLING — NAME & PHONE

SIBLING — NAME & PHONE

DECISION-MAKERS

Anyone with legal authority to act

Executor of my estate

NAME

PHONE

Power of attorney

NAME

PHONE

ALTERNATE EXECUTOR

ALTERNATE POA

Healthcare proxy

NAME

PHONE

Guardian for minor children

NAME

PHONE

PROFESSIONALS

ATTORNEY — NAME & FIRM

ATTORNEY — PHONE

ACCOUNTANT OR CPA

PHONE

FINANCIAL ADVISOR

PHONE

PASTOR / RABBI / IMAM / FAITH LEADER

PHONE

DOCUMENTS — WHERE THE PAPER LIVES

— Locations only. Never write contents of the documents here.

For each document, write only where to find it and who has a copy. The document itself is the legal record. This page is the index card.

LOCATIONS INDEX

DOCUMENT	WHERE IT LIVES	WHO ELSE HAS A COPY	LAST VERIFIED
Will	Location	Name	MM / YYYY
Living Will / advance directive	Location	Name	MM / YYYY
Healthcare proxy / durable POA for healthcare	Location	Name	MM / YYYY
Durable Power of Attorney (financial)	Location	Name	MM / YYYY
Revocable living trust	Location	Name	MM / YYYY
Birth certificate	Location	Name	MM / YYYY
Marriage certificate	Location	Name	MM / YYYY
Divorce decree(s)	Location	Name	MM / YYYY
Social Security card	Location	Name	MM / YYYY
Passport	Location	Name	MM / YYYY
Military discharge (DD-214)	Location	Name	MM / YYYY
Deeds and titles	Location	Name	MM / YYYY
Most recent tax return	Location	Name	MM / YYYY

KEYS, CODES, AND COMBINATIONS

Locations of physical access, not the codes themselves. The codes go in a separate sealed envelope kept with your attorney or in your safe-deposit box.

HOME SAFE — LOCATION & WHO KNOWS THE COMBO

SPARE HOUSE KEY — WHERE IT LIVES

SAFE-DEPOSIT BOX — BANK, BRANCH, BOX NUMBER

SPARE CAR KEY — WHERE IT LIVES

HEALTH — DOCTORS, CONDITIONS, MEDICATIONS

— The summary an ER physician would want in the first ten minutes.

Keep this current. The day this matters is a day no one will have time to look it up.

VITALS AT A GLANCE

BLOOD TYPE

SEVERE ALLERGIES

ORGAN DONOR (Y / N / UNDECIDED)

ONGOING CONDITIONS

IMPLANTS, DEVICES, PACEMAKERS

CARE TEAM

PRIMARY CARE — NAME & PRACTICE

PHONE

SPECIALIST 1 — NAME & FIELD

PHONE

SPECIALIST 2 — NAME & FIELD

PHONE

DENTIST

PHONE

PREFERRED PHARMACY

PHONE

CURRENT MEDICATIONS

Name, dosage, prescriber. Keep this list short and recent — discontinued meds belong on a separate sheet.

MEDICATION	DOSAGE	PRESCRIBED BY	FOR

WISHES FOR CARE — IF SOMETHING SERIOUS HAPPENS

— The hospital will ask. This sheet tells your family where the legal version lives.

This is the page the hospital will ask about first when something serious happens. The legal version of these documents has to exist somewhere too. This sheet tells your family where to find them.

LEGAL VERSIONS OF THESE WISHES

ADVANCE DIRECTIVE / LIVING WILL — WHERE IT LIVES

HEALTHCARE PROXY FORM — WHERE IT LIVES

DNR / POLST — YES, NO, OR FILED WHERE

WHO ELSE HAS A COPY

WHO ELSE HAS A COPY

ORGAN & TISSUE DONOR — REGISTERED WHERE

RESUSCITATION, INTUBATION, LIFE SUPPORT

- ☐ I want full CPR and resuscitation efforts.
- ☐ I do not want CPR. My DNR is on file (location above).
- ☐ I am willing to be placed on a ventilator if recovery is likely.
- ☐ I do not want long-term ventilator support.
- ☐ I am willing to receive a feeding tube if recovery is likely.
- ☐ I do not want a long-term feeding tube.

IN MY OWN WORDS

IF RECOVERY IS UNLIKELY, WHAT DO I WANT MY CARE TO LOOK LIKE?

Write in your own voice. Where do you want to be — home, hospice, hospital? Who do you want present? What kinds of comfort, music, light, faith practices matter to you? What do you want your family to remember while they sit with this?

What this sheet can't do: legally direct your care. For that, your advance directive and healthcare proxy must be on file with your provider and your proxy.

HOME & PROPERTY

— Where I live. What I own. What I owe on it.

PRIMARY RESIDENCE

ADDRESS

OWNED, RENTED, OR CO-OWNED

MORTGAGE LENDER (IF APPLICABLE)

LOAN REFERENCE (LAST 4 DIGITS ONLY)

DEED — WHERE IT LIVES

TITLE HELD IN NAME(S) OF

OTHER PROPERTIES

PROPERTY — ADDRESS & TYPE

OWNED, RENTED, CO-OWNED

PROPERTY — ADDRESS & TYPE

OWNED, RENTED, CO-OWNED

VEHICLES

MAKE / MODEL / YEAR	TITLED TO	TITLE LIVES AT	LOAN? (Y / N)

STORAGE, GARAGES, HIDDEN SPOTS FAMILY MAY NOT KNOW ABOUT

Storage unit at _____, key on the hook by the back door. Lockbox at the cabin, combo with my sister. The good photographs are in the cedar chest in the guest room.

MONEY AND ACCOUNTS

— Institutions and reference numbers. Never the full account or password.

PRIVACY NOTICE

Do not write full account numbers or passwords on this sheet. Use the last four digits, the institution name, and the location of the full records. This sheet may be read by people you have not yet met. Treat it like a map, not a vault.

BANKING

INSTITUTION	ACCOUNT TYPE	LAST 4	JOINT?
	Checking, savings, CD...	xxxx	Y / N
	Checking, savings, CD...	xxxx	Y / N
	Checking, savings, CD...	xxxx	Y / N
	Checking, savings, CD...	xxxx	Y / N

INVESTMENTS & RETIREMENT

INSTITUTION	ACCOUNT TYPE	LAST 4	BENEFICIARY ON FILE
	401(k), IRA, brokerage...	xxxx	Name
	401(k), IRA, brokerage...	xxxx	Name
	401(k), IRA, brokerage...	xxxx	Name
	401(k), IRA, brokerage...	xxxx	Name

DEBTS IN MY NAME

CREDIT CARDS — LIST INSTITUTIONS ONLY

OTHER RECURRING DEBTS

LOANS — AUTO, STUDENT, PERSONAL

ANYTHING THE FAMILY SHOULD PAY FIRST

INCOME THAT WILL STOP OR CHANGE

SOCIAL SECURITY — REFERENCE, LAST 4

ANNUITIES — PAYER & REFERENCE

PENSION(S) — PAYER & REFERENCE

OTHER INCOME TO NOTIFY

INSURANCE

— Carrier, policy reference, and who to call to make a claim.

LIFE INSURANCE

CARRIER	POLICY REF. (LAST 4)	BENEFICIARY	AGENT PHONE

HEALTH, MEDICARE, SUPPLEMENTAL

HEALTH CARRIER

MEMBER ID (LAST 4)

MEDICARE ID (LAST 4)

PARTS ENROLLED (A / B / C / D)

SUPPLEMENTAL CARRIER

MEMBER ID (LAST 4)

LONG-TERM CARE CARRIER

POLICY REF. (LAST 4)

PROPERTY & CASUALTY

HOMEOWNERS / RENTERS — CARRIER

POLICY REF. (LAST 4)

AUTO — CARRIER

POLICY REF. (LAST 4)

UMBRELLA / OTHER — CARRIER

POLICY REF. (LAST 4)

LEGALSHIELD MEMBERSHIP

ATTORNEY NAME OR LEGALSHIELD MEMBERSHIP ID

FIRM / LEGALSHIELD PROVIDER FIRM PHONE

DIGITAL LIFE

— Accounts your family will need to find, freeze, or close.

PRIVACY NOTICE

Do not write passwords on this sheet. Use a password manager and write only its name and master-key location here. The accounts list below is for location, not credentials.

PASSWORD MANAGER

PASSWORD MANAGER I USE

1Password, Bitwarden, etc.

MASTER KEY — WHERE IT LIVES

Sealed envelope in home safe...

PRIMARY EMAIL — THE ACCOUNT MOST OTHER ACCOUNTS RECOVER THROUGH

PRIMARY EMAIL ADDRESS

RECOVERY PHONE / EMAIL

ACCOUNTS TO NOTIFY, FREEZE, OR CLOSE

SERVICE	ACCOUNT EMAIL / USERNAME	FAMILY ACTION	NOTES
Apple ID / iCloud		Close, memorialize...	
Google		Close, memorialize...	
Facebook / Meta		Close, memorialize...	
Instagram		Close, memorialize...	
LinkedIn		Close, memorialize...	
Banking apps		Close, memorialize...	
Subscription services		Close, memorialize...	
Cloud storage / Dropbox		Close, memorialize...	

DEVICES & WHERE THE DATA LIVES

PHONE — MAKE, MODEL, UNLOCK PIN LOCATION

LAPTOP — MAKE, MODEL, UNLOCK PIN LOCATION

BACKUP DRIVES / WHERE PHOTOS LIVE

APPLE / GOOGLE LEGACY CONTACT SET?

Yes / No — who

PERSONAL EFFECTS, PETS, THE SMALL THINGS

— The objects and lives that don't fit in a Will but matter most.

Wills handle the big things. This page handles the small ones — the ring, the letters in the desk drawer, the dog. Write in plain language. Names beat categories.

SPECIFIC ITEMS I WANT TO GO TO SPECIFIC PEOPLE

ITEM	TO	WHY / NOTE
Grandmother's ring, the green chair...	Name	

PETS

PET 1 — NAME & SPECIES

VET & PHONE

PET 2 — NAME & SPECIES

VET & PHONE

GOES TO

FOOD, MEDS, QUIRKS

GOES TO

FOOD, MEDS, QUIRKS

THE DRAWER, THE LETTERS, THE BOX IN THE CLOSET

The letters in the bottom desk drawer can be read or burned — your call. The box on the top shelf of the closet has the negatives from the trip in 1994. The journal in the nightstand is for whoever wants it.

WHEN I DIE

— Honest and clear beats poetic. The person on the page is doing them a kindness.

This page is the one your family will be glad you wrote when they need it. Write in your own voice. They will hear it.

PRACTICAL FIRST CALLS

FUNERAL HOME OR SERVICE PROVIDER I PREFER

PHONE

PRE-PAID ARRANGEMENT ON FILE?

Yes / No — where contract lives

CEMETERY OR PLACE OF INTERMENT, PLOT REFERENCE

BODY, BURIAL, CREMATION

☐ I prefer traditional burial.

☐ I prefer cremation.

☐ I prefer green / natural burial.

☐ I would like my body donated to medical science.

☐ I leave this decision to my family.

IF CREMATION, WHAT TO DO WITH ASHES

PLACE THAT HAS MEANING TO ME

SERVICE — IN MY OWN WORDS

Religious or secular? Quiet or full? Music, readings, who I want to speak. Where it should be. If you have a favorite hymn or line, write it here.



OBITUARY — WHAT I WANT SAID ABOUT ME

The facts a stranger would need. The work you were proud of. The people who made you. The line you would want to leave behind.



FIRST 30 DAYS AFTER

— The operational checklist. Move through it at your own pace.

Not everything has to happen this week. Most of this will happen in the first month, in roughly the order below. Mark items as you go. Hand the list to someone who can help if you cannot do it alone.

THE LIST

- ☐ Call the people on page 3 in the order listed. First call, second call, then family.
- ☐ Contact the funeral home or service provider on page 12.
- ☐ Request 10 to 15 certified copies of the death certificate. You will need them.
- ☐ Notify the attorney listed on page 3. Bring the Will and the documents from page 4.
- ☐ Notify the executor named on page 3 if it is not you.
- ☐ Locate the original Will, trust, and Powers of Attorney using page 4.
- ☐ Contact Social Security (1-800-772-1213) to report the death.
- ☐ Notify life insurance carriers from page 9 to begin claims.
- ☐ Notify Medicare, supplemental, and long-term care carriers from page 9.
- ☐ Contact the bank and freeze sole-name accounts (page 8).
- ☐ Forward mail through USPS so important documents do not pile up.
- ☐ Notify employer or last employer for final pay, benefits, and pension.
- ☐ Notify pension administrator(s) from page 8.
- ☐ Contact the credit bureaus to flag the file: Equifax, Experian, TransUnion.
- ☐ Cancel or transfer subscriptions and recurring charges (page 10).
- ☐ Set Apple / Google legacy contact in motion if configured (page 10).
- ☐ Care for pets per page 11. Make sure someone is feeding them today.
- ☐ File the Will with the probate court if required in your state.
- ☐ Schedule a follow-up family meeting in 30 to 60 days to review what's left.

☐ *Take care of yourself. Eat something. Sleep when you can. Ask for help.*

ANYTHING ELSE I WANT MY FAMILY TO KNOW

Use this space for anything that did not fit on another page. A letter. A grievance. A blessing. A grocery list of regrets. The names of the people who were good to you. Whatever you want them to read.



SIGNATURE

SIGNED

DATE

WITNESS — PRINTED NAME

WITNESS — SIGNATURE

WHAT TO DO WITH THIS SHEET NOW

1 Make three copies.

Keep one at home, give one to your executor or POA, give one to a trusted family member.

2 Tell your family where this lives.

Out loud. In person if you can. The sheet is only useful if they can find it.

3 Review every year.

Birthdays, tax season, the first cool weekend in October — pick a date and put it on the calendar.

4 Update when life changes.

A move, a marriage, a death, a new account, a new medication. Replace the page. Date it. Hand out the new copies.

*This sheet is the map.
The documents are the territory.*

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